

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 01-OCT-2015		TIME 18:22:00	2. ADDRESS OF OCCURRENCE 633 W 87TH ST CHICAGO, IL 60620				3. LOCATION CODE 304	4. BEAT/OCCUR 2223		
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME GARZA JR	7. FIRST NAME ARMANDO	8. STAR NO. 10124	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 511	12. HT. 200	13. WT.	
	14. DATE OF APPT. 27-OCT-2003	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 006 0606I	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME ATWOOD		21. FIRST NAME VINCENTE	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 19-OCT-1988	26. HT. 510	27. WT. 175	
	28. ADDRESS 8726 S UNION CHICAGO, IL 60620		29. TELEPHONE NO.	30. WAS SUBJECT ARMED? OTHER (SPECIFY), OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	37. CB NO. 19197670	IR NO.	<input type="checkbox"/> DNA	
	38. <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE			
	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>				
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>				
	MEMBER'S RESPONSE	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>				
		CONTROL INSTRUMENT <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____				
REASON FOR USE OF FORCE (Check all that apply)	OC CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>						
	OTHER _____	ARMBAR <input type="checkbox"/>	ARMBAR <input type="checkbox"/>	OTHER PURSUED <input type="checkbox"/>	OTHER PURSUIT <input type="checkbox"/>					
39. <input checked="" type="checkbox"/> DNA	40. ADDITIONAL INFORMATION OFFENDER, WHILE OPERATING A VEHICLE, INTENTIONALY STRUCK A/O VEHICLE WHILE A/O WAS INSIDE THE VEHICLE.									
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR			
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED				
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	70. EVENT NO. 1527413221	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
	72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								71. RD. NO. HY446000
	SIGNATURES	73. REPORTING MEMBER (Print Name) GARZA JR, ARMANDO 02-OCT-2015 01:56:33			STAR/EMPLOYEE NO. 10124	SIGNATURE [REDACTED]				
		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			STAR NO. 1895	SIGNATURE [REDACTED]	DATE REVIEWED 02-OCT-2015 01:59:11	TIME 02-OCT-2015 01:59:11		

SUBJECT
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-305-A, 9-20-020(B), 9-24-010(B), 720 ILCS 5.0/12-2-C-8, 625
ILCS 5.0/6-303-A, 720 ILCS 5.0/12-2-C-8, 625 ILCS 5.0/11-204.1-A-4

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that Officer Garza's #10124, actions were within department guidelines. Officer Garza was the passenger along with his partner when the offender struck the department vehicle with his vehicle. Officer Garza drew his weapon as a co-offender fled holding his side as if he possessed a weapon. The co-offender made good his escape but the driver of the vehicle was apprehended and charged accordingly.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1077396 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

02-OCT-2015 02:17:10

79. TOTAL TRR's THIS EVENT No.

1